04/23/2003 13:17 7273457711211 SANDRA HIMBE

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90086 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000100349

1. Entity Name
COLUMBIA PRODUCTIONS, INC.

80122977

Principal Place of Business
13205 NE 16 AVE
N MIAMI FL 33161

Mailing Address
13205 NE 16 AVE
N MIAMI FL 33161

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3871217 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ – $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HIMBER, ROSS B
13205 NE 16 AVE
N MIAMI FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, name of current agent or registered agent and title of application. (NOTE: Corporate Agent signature required when applicable) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete	
NAME HIMBER, ROSS B	
STREET ADDRESS 13205 NE 16 AVE	
CITY-ST-ZIP N MIAMI FL 33161	
TITLE DVS ☐ Delete	
NAME RAHAMIN, DAVID	
STREET ADDRESS 13205 NE 16 AVE	
CITY-ST-ZIP N MIAMI FL 33161	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
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CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

ROSS HIMBER, PRESIDENT

SIGNATURE: Ross Himber. 4-23-03 305-981-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #